U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 036-759

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

Name	a and address of names filin		4 Name	file number and ac	drace of labor oras	anization	
3. Name and address of person filing.				Name, file number, and address of labor organization.			
Name	Perry	Zimmerman	Name	Local 1245,			
			Labor	Organization File Nu	umber 030	0759	
P.O. B	lox, Bldg., Room No., if any		P.O. I	P.O. Box, Building and Room Number, if any			
Street	30 Orange Tree Ci	Stree	30 Orange Tr	ee Circle			
City	Vacaville	City	Vacaville				
State	California	ZIP Code + 4 9	95697			ZIP Code + 4	05.007
State	California	ZIP Code + 4	95687 State	California		ZIP Code + 4	95687
. Posit	ion in labor organization.	Business Manager					
	d an interest in, engaged i						
nonet		yer whose employees y	your organization repre		y seeking to repre	esent.	
nonet	e and address of Employer (yer whose employees y	your organization repre	sents or is actively	y seeking to repre	esent.	
Name	ary value from an employ e and address of Employer (yer whose employees y	your organization repre	sents or is actively	y seeking to repre	esent.	
Name	e and address of Employer (yer whose employees y	your organization repre	sents or is actively	y seeking to repre	esent.	
Name Trade	ary value from an employ e and address of Employer (yer whose employees y	your organization repressly).	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Trade	e and address of Employer (in Name, if any:	yer whose employees y	your organization repre	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Trade	e and address of Employer (in Name, if any:	yer whose employees y	your organization repressly).	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Trade	e and address of Employer (in Name, if any:	yer whose employees y	your organization repressly).	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Trade P.O. E	e and address of Employer (in Name, if any:	yer whose employees y	your organization repressly).	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Trade P.O. E Street	e and address of Employer (in Name, if any:	yer whose employees y	your organization repressly).	esents or is actively ture of Interest, Trans	y seeking to repre	esent.	
Name Name P.O. E Street City State	e and address of Employer (in Name, if any:	zip Code + 4 The undersigned declares, the information contained	your organization representation (a). 7.a. Na 7.b. An Signature To under penalty of Perjury a in any accompanying documents.	nd other applicable pments), has been exa	y seeking to represent on the saction, or Income.	esent.	
Name Trade P.O. E Street City State	e and address of Employer (in Name, if any: Box, Bldg., Room No., if any Signature and verification. In this report (including ersigned's knowledge and be	zip Code + 4 The undersigned declares, the information contained	your organization representation (a). 7.a. Na 7.b. An Signature To under penalty of Perjury a in any accompanying documents.	nd other applicable pments), has been exa	y seeking to represent on the saction, or Income.	, that all of the in	

Name of Person Filing Perry Zimmerman	File Number U- 2,359		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or ot of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise		
Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of m	noney or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Pacific Gas and Electric Company Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 77 Beale Street	14.a. Nature of payment. During 2004, I had 14 (fourteen) meetings with PG&E management representatives at which breakfast or lunch was served.		
City San Francisco			
State California ZIP Code + 4 94105			

14.b. Amount of payment.

13.b. Is the Business an Employer 💢

or Consultant

\$230